

HEALTH OBJECTIVES 2000 ACT

AUGUST 3 (legislative day, JULY 10), 1990.—Ordered to be printed

Mr. KENNEDY, from the Committee on Labor and Human
Resources, submitted the following

REPORT

[To accompany S. 2056]

The Committee on Labor and Human Resources to which was referred the bill (S. 2056) to amend Title XIX of the Public Health Service Act to provide grants to States to establish and implement State health objectives plans and for other purposes, reports favorably thereon and recommends that the bill as amended do pass.

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I. SUMMARY OF THE BILL

The Health Objectives 2000 Act implements the Year 2000 National Health Objectives through the provision of assistance to Designated Official State Public Health Agencies. It has four major purposes. They are (1) to provide sufficient capacity and resources to States and localities to assist such States and localities in achieving the Year 2000 National Health Objectives, addressing improvements in health status, risk reduction, public and professional awareness, health services and protective measures, and surveillance and evaluations expressed in terms of measurable targets to

be achieved by the year 2000; (2) create and develop a partnership of Federal, State, and local health and mental health agencies, voluntary health organizations, and other health groups, including minority community-based organizations, to develop initiatives for preventing disease and illness, including promoting systems of services that are comprehensive, community-based, coordinated, and as appropriate, family centered; (3) enable States and localities to address national health policy issues; and (4) assess the health status of the population of the United States.

Key terms within the Act are defined, and authority to administer the program is designated to the Centers for Disease Control.

The bill authorizes to be appropriated \$300,000,000 for fiscal year 1991, \$325,000,000 for fiscal year 1992, \$350,000,000 for fiscal year 1993, \$375,000,000 for fiscal year 1994 and \$400,000,000 for fiscal year 1995.

Of the funds appropriated, 90 percent are to be allocated to Designated Official State Public Health Agencies in order to carry out the purposes of the Act. The allocation of the funds is based on a three tiered formula. First, each State will receive an amount equal to what they received the previous fiscal year under Part E of the Public Health Service Act, the Preventive Health and Health Services Block Grant (PHHSBG). Secondly, if sufficient funds are available, states will receive an additional allotment based on a population formula beginning at \$12,500 for the smallest territory, and going up to \$2,000,000 for the largest states. Third, if additional funds are available, each State will receive an amount equal to the percentage of the nation's population represented by that State.

Of the 90 percent, there is authorized to be set aside \$3,500,000 for programs for victims of sex offenses. This simply maintains the level of support as currently required under the PHHSBG which is repealed when its authorization expires October 1, 1991. The Secretary may fund directly any request from the governing body of an Indian tribe or tribal organization within any State if the Secretary determines that members of the tribe or tribal organization would be better served if grants were made directly. This also preserves provisions of the PHHSBG.

Of the remaining 10 percent of funds appropriated, not more than 5 percent, or \$5,000,000, whichever is less, may be used to administer the assistance made available to States under this section. Of the remaining funds, not more than 50 percent is to be used by the Secretary to provide assistance for the professional training of public health personnel. Any remaining funds are to be used by the Secretary to provide assistance for research, pilot and demonstration projects and programs that the Secretary determines to show the potential impact of regional or national significance with respect to the National Health Priorities.

In order to receive funds, the Designated Official State Public Health Agency must submit a State Health Objectives Plan which is developed by the State Health Objectives Advisory Committee established under this Act. The State Health Objectives Advisory Committee will be chaired by the State Health Officer and should have members from the general public and directors of local health departments. States are encouraged to include members on the

Committee representing entities receiving grants under this program, community-based health and mental health organizations, and academic institutions which train public health professionals.

Each State Health Objectives Plan must contain: a specific set of no fewer than 5 State Health Objectives chosen from the National Health Priorities; an annual budget; and, assurances of a minimum set of data available to satisfactorily measure changes in health status for each objective selected. Each Plan must also: specify the particular strategies, projects and programs selected to accomplish the plan; provide for procedures through which the State shall monitor progress toward accomplishing State objectives; and, identify public health personnel requirements.

Each State is required to submit to the Secretary a State Health Objectives Report at the end of each fiscal year. This report is to detail where and how funds were expended and describe programs and projects initiated in the State during the year. The report must also contain information concerning at least one uniform item of data on each National Health Priority to be determined in consultation with the Secretary. Within 4 years, each State is responsible for reporting uniform data sets for each National Health Priority addressed in the State Plan.

The Secretary is directed to establish a National Health Objectives Advisory Committee to advise him with respect to the selection, revision, implementation and evaluation of the National Health Priorities, and the development and adoption of the uniform data set. The Committee is to be made of 10 members appointed by the Secretary, the Administrator of the Environmental Protection Agency, and national associations representing state, local and county health officials and public health professionals.

The Secretary shall establish National Health Priorities that will form the basis for all activities that receive funding under this bill. From these priorities, the Secretary shall establish a set of Core Priorities which must be included in each State plan.

Effective October 1, 1991, sections 1901, 1902, 1903, 1905, 1906, 1907, 1908, and 1909 of the Public Health Service Act are repealed.

II. TEXT OF THE BILL, AS REPORTED

[S. 2056, 101st Cong., 2d Session]

A BILL To amend Title XIX of the Public Health Service Act to provide grants to States to establish and implement State health objectives plans, and for other purposes

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Health Objectives 2000 Act".

SEC. 2. REFERENCES.

Whenever in this Act an amendment or repeal is expressed in terms of an amendment to, or repeal of, a section or other provision, the reference shall be considered to be made to a section or other provision of the Public Health Service Act (42 U.S.C. 201 et seq.), unless otherwise provided.

SEC. 3. PURPOSE.

It is the purpose of this Act to implement the Year 2000 National Health Objectives through the provision of assistance to Designated Official State Public Health Agencies to—

(1) provide sufficient capacity and resources to States and localities to assist such States and localities in achieving the Year 2000 National Health Objectives, addressing improvements in health status, risk reduction, public and professional awareness, health services and protective measures, and surveillance and evaluations expressed in terms of measurable targets to be achieved by the year 2000;

(2) create and develop a partnership of Federal, State, and local health and mental health agencies, voluntary health organizations, and other health groups, including minority community-based organizations, to develop initiatives for preventing disease and illness, including promoting systems of services that are comprehensive, community-based, coordinated, and as appropriate, family centered;

(3) enable States and localities to address national health policy issues; and

(4) assess the health status of the population of the United States.

SEC. 4. AMENDMENT TO PUBLIC HEALTH SERVICE ACT.

Title XIX of the Public Health Service Act (42 U.S.C. 300w et seq.) is amended by adding at the end thereof the following new part:

“PART E—NATIONAL HEALTH OBJECTIVES GRANTS TO STATES

“SEC. 1941. DEFINITIONS AND ADMINISTRATION.

“(a) DEFINITIONS.—As used in this part:

“(1) ADVISORY COMMITTEE.—The term ‘Advisory Committee’ means the National Health Objectives Advisory Committee established under section 1948(a).

“(2) CORE PRIORITIES.—The term ‘Core Priorities’ means the National Health Priorities that are designated by the Secretary as ‘Core National Health Priorities’ and that must be included in the State health objectives provided in the State health objectives plan of each State.

“(3) NATIONAL HEALTH PRIORITIES.—The term ‘National Health Priorities’ means the priorities established under section 1948(b).

“(4) STATE AGENCY.—The term ‘State agency’ means the department, agency, commission, or other entity designated and vested with authority under State law over matters concerning public health.

“(5) STATE PLAN.—The term ‘State plan’ means the health objectives plan of a State submitted under section 1946.

“(6) STATE REPORT.—The term ‘State report’ means the annual report of a State required under section 1947.

“(b) ADMINISTRATION.—The Secretary shall carry out this part through the Centers for Disease Control.

"SEC. 1942. AUTHORIZATION OF APPROPRIATIONS.

"For the purpose of making allotments to States to carry out this part, there are authorized to be appropriated—

- "(1) \$300,000,000 for fiscal year 1991;
- "(2) \$325,000,000 for fiscal year 1992;
- "(3) \$350,000,000 for fiscal year 1993;
- "(4) \$375,000,000 for fiscal year 1994; and
- "(5) \$400,000,000 for fiscal year 1995.

"SEC. 1943. ALLOTMENTS.

"(a) AMOUNT.—

"(1) IN GENERAL.—The Secretary shall use not to exceed 90 percent of the amounts appropriated under section 1942 for each fiscal year to make allotments in accordance with paragraphs (2) through (5).

"(2) FORMULA.—The amount of an allotment to a State under paragraph (1) shall equal the amount of the allotment for such State under section 1902 for the fiscal year preceding the year in which the allotment under this paragraph is being made.

"(3) REMAINDER.—From the remainder of amounts made available under paragraph (1), the Secretary shall allot in each fiscal year to each State an amount that equals—

"(A) \$12,500, if the population of the State does not exceed 50,000;

"(B) \$37,500, if the population of the State exceeds 50,000 but does not exceed 450,000;

"(C) \$500,000, if the population of the State exceeds 450,000 but does not exceed 1,000,000;

"(D) \$750,000, if the population of the State exceeds 1,000,000 but does not exceed 3,000,000;

"(E) \$1,000,000, if the population of the State exceeds 3,000,000 but does not exceed 6,000,000;

"(F) \$1,250,000, if the population of the State exceeds 6,000,000 but does not exceed 10,000,000;

"(G) \$1,500,000, if the population of the State exceeds 10,000,000 but does not exceed 15,000,000; and

"(H) \$2,000,000, if the population of the State exceeds 15,000,000.

"(4) RELATIVE POPULATION.—To the extent that all amounts available for allotment under paragraph (1) for each fiscal year are not otherwise allotted to States under paragraphs (2) and (3), such excess shall be allotted to each State in an amount that bears the same ratio to such excess amount for such fiscal year as the total population of the States bears to the population of all States.

"(5) VICTIMS OF SEX OFFENSES.—Of amounts appropriated under section 1942, not less than \$3,500,000 shall be used to provide services of the type described in section 1904(a)(1)(G).

"(6) ADJUSTMENT.—If for any fiscal year the amount appropriated under section 1942 is less than the total of all amounts listed under paragraph (3), the amount allotted to each State shall be an amount that bears the same ratio to the total of all amounts available for allotment under such section as the amount of the allotment that the State is entitled to under

paragraph (3) bears to the total of all such amounts under such paragraph.

“(7) INDIANS.—

“(A) IN GENERAL.—If the Secretary—

“(i) receives a request from the governing body of an Indian tribe or tribal organization within any State that funds under this part be provided directly to the Secretary to such tribe or organization; and

“(ii) determines that the members of such tribe or tribal organization would be better served by means of grants made directly by the Secretary under this part; the Secretary shall reserve from amounts which would otherwise be allotted to such State under paragraph (1) for the fiscal year the amount determined under subparagraph (B).

“(B) RESERVATION.—The Secretary shall reserve for the purpose of subparagraph (A) from amounts that would otherwise be allotted to such State under paragraph (1), an amount equal to the amount which bears the same ratio to the State's allotment for the fiscal year involved as the total amount provided or allotted for fiscal year 1981 by the Secretary to such tribe or tribal organization under the provisions of law referred to in section 1902(a) (as such section existed prior to the date of enactment of this part) bore to the total amount provided or allotted for such fiscal year by the Secretary to the State and entities (including Indian tribes and tribal organizations) in the State under such provisions of law.

“(C) GRANTS.—The amount reserved by the Secretary on the basis of a determination under this paragraph shall be granted to the Indian tribe or tribal organization serving the individuals for whom such a determination has been made.

“(D) ELIGIBILITY.—For an Indian tribe or tribal organization to be eligible for a grant for a fiscal year under this paragraph, it shall submit to the Secretary a plan for such fiscal year which meets such criteria as the Secretary may prescribe.

“(E) DEFINITIONS.—As used in this paragraph, the terms ‘Indian tribe’ and ‘tribal organization’ shall have the same meaning given such terms in section 4(b) and section 4(c) of the Indian Self-Determination and Education Assistance Act.

“(b) UNALLOTTED AMOUNTS.—To the extent that all the amounts appropriated under section 1942 for a fiscal year and available for allotment in such fiscal year are not otherwise allotted to States because one or more State has notified the Secretary that such State does not intend to use the full amount of their allotment, such excess shall be allotted among each of the remaining States in proportion to the amount otherwise allotted to such States for such fiscal year under subsection (a)(4).

“(c) RESEARCH, TRAINING AND ADMINISTRATION.—The Secretary shall use not to exceed 10 percent of the amounts appropriated

under section 1942 for each fiscal year as provided for in section 1948(f).

"SEC. 1944. PAYMENTS UNDER ALLOTMENTS TO STATES.

"(a) IN GENERAL.—

"(1) PLAN REQUIREMENT.—For each fiscal year, the Secretary shall make payments from amounts appropriated for that fiscal year, as provided for in section 6503(a) of title 31, United States Code, to each State, if such State has submitted an approved State plan, from its allotment under section 1943.

"(2) CARRYOVER FUNDS.—Any amount paid to a State for a fiscal year and remaining unobligated at the end of such year shall remain available for the next fiscal year to such State for the purposes for which it was made.

"(b) REDUCTION IN AMOUNT.—

"(1) IN GENERAL.—The Secretary, at the request of a State, may reduce the amount of payments that a State is entitled to under subsection (a) in an amount equal to—

"(A) the fair market value of any supplies or equipment furnished the State; and

"(B) the total amount of any pay, allowances, and travel expenses of any officer or employee of the Federal government when detailed to the State and the amount of any other costs incurred in connection with the detail of such officer or employee;

when the furnishing of such supplies or equipment or the detail of such officers or employees is for the convenience and at the request of the State and for the purpose of conducting activities described in section 1945.

"(2) USE OF REDUCTION.—The amount by which any payment is reduced under paragraph (1) shall be available for payment by the Secretary of the costs incurred in furnishing the supplies or equipment or in detailing the personnel, on which the reduction of the payment is based, and the amount shall be considered to be part of the payment and to have been paid to the State.

"SEC. 1945. USE OF ALLOTMENTS.

"(a) STATE PLAN.—Except as provided in subsections (b) and (c), a State shall utilize amounts paid to it under section 1944, from the allotment of such State under section 1943(a), to develop and implement a State plan, in accordance with section 1946, for—

"(1) each of the fiscal years 1991 and 1992, that—

"(A) develops and collects data to assess the public health needs and status of the individuals, including minorities, that reside in the State;

"(B) requires and provides assistance for planning necessary to assist projects and programs described in the State plan; and

"(C) provides for the availability of assistance to projects and programs described in the State plan; and

"(2) each of the fiscal years 1992 and 1993, and for each fiscal year thereafter during which the State receives payments under section 1944, that in addition to the activities described

in paragraph (1), provides for the funding of projects and programs authorized under to sections 1904.

"(b) LIMITATIONS.—A State shall not use amounts paid to it under section 1944, to—

"(1) provide inpatient services;

"(2) make cash payments to intended recipients of health services;

"(3) purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or other facility, or purchase major medical equipment; or

"(4) satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds.

"(c) ADMINISTRATION.—Not more than 10 percent of the total amount paid to a State under section 1944 from the State allotment under section 1943(a) for any fiscal year shall be used for administering the funds made available under section 1944. The State shall pay from non-Federal sources any additional costs of administering such funds. For purposes of this subsection, the term 'administration' shall not be construed to include collection or assessment of data.

"SEC. 1946. STATE HEALTH OBJECTIVES PLAN AND DESCRIPTION OF ACTIVITIES.

"(a) IN GENERAL.—To receive a payment under section 1944 from the State allotment for a fiscal year under section 1943(a), a State shall prepare and submit, to the Secretary, a State health objectives plan at such time, in such manner, and containing such information as the Secretary shall require. Such State plan shall—

"(1) be developed by the State Health Objectives Advisory Committee established under subsection (b);

"(2) meet the requirements of subsection (c); and

"(3) contain assurances satisfactory to the Secretary that the State will meet the requirements of subsection (d).

"(b) ADVISORY COMMITTEE.—

"(1) ESTABLISHMENT.—Each State shall establish a State Health Objectives Advisory Committee, that shall be chaired by the State Health Officer, and shall consist of members of the public and health directors that represent local health departments.

"(2) REPRESENTATIVES.—States are encouraged to include entities receiving grants under this part, representatives of community-based health and mental health organizations including minority community-based organizations, and a representative of an academic institution that trains public health professionals, as part of the State committee established under paragraph (1).

"(3) MEETINGS.—The State Health Objectives Advisory Committee shall meet not less than twice each year.

"(4) RESPONSIBILITIES.—The Advisory Committee established under paragraph (1) shall review and make recommendations to the State health agency concerning—

"(A) health assessment and policy development and assurance functions associated with the program established under this part; and

“(B) State plans, data collection efforts, the establishment of State health objectives, coordination of efforts funded under this part, coordination with other similar programs, public hearings, and the allocation of funds within the State annual report.

“(c) REQUIREMENTS.—A State plan submitted under subsection (a) shall—

“(1) be developed with the participation of local public health agencies that shall be consulted concerning proposed funding decisions within their jurisdictions under the plan;

“(2) contain a specific set of not less than five State health objectives that shall be chosen from the National Health Priorities described by the Secretary under section 1948, and that shall include all Core Priorities identified under such section;

“(3) contain an annual budget that describes the manner in which the payments made under section 1944 are to be used by the State, and such budget shall—

“(A) specify the portion of such funds that are to be used at each level of the State or local government, and the portion of such funds that are to be allocated for grants to local agencies of public health, community-based health and mental health organizations, including minority community-based organizations, voluntary nonprofit health organizations, and other entities selected by the State help meet State objectives under paragraph (7); and

“(B) commit the State to use not less than 80 percent of such payments to meet State objectives that, as determined by the State agency after an analysis of the National Health Priorities, and based on the available State data described in paragraph (4), are critical to improving the health status of the individuals who reside within the State;

“(4) in terms of each State objective—

“(A) provide assurances satisfactory to the Secretary that there is a minimum set of data available to satisfactorily measure the health status of individuals including racial and ethnic minorities, who reside within the State;

“(B) utilize the data described in subparagraph (A) to identify the improvement that the State expects to make in the health status of individuals who reside within the State during the term of the State plan;

“(C) specify the particular strategies, projects and programs intended to be used by the State to improve the health status of individuals who reside within the State;

“(D) specify the methods intended to be used by the State to evaluate the progress made by the State in improving the health status of individuals who reside within the State; and

“(E) provide services targeted at improving the health status of individuals who reside within the State at the level of State or local government that the State determines is most likely to be effective in achieving the State objectives especially with respect to addressing innercity and rural disparities in health status indicators;

"(5) provide for the establishment of procedures through which the State shall monitor the progress of local health agencies, community-based organizations, including minority community-based organizations, mental health, and health organizations in implementing the State objectives;

"(6) identify public health personnel requirements that the State determines are reasonably necessary and appropriate to permit the State to achieve the State objectives;

"(7) identify the mechanism by which the State shall select, and allocate assistance provided under this part to local units of government, local agencies of public health, community-based health and mental health organizations, including minority community-based organizations, voluntary nonprofit health organizations, and other entities within the State to help meet the State objectives;

"(8) contain a description (that may be revised throughout the year as may be necessary to reflect substantial changes in the projects and programs assisted by the State) of the intended use of the payments the State will receive under section 1944 for the fiscal year for which the State plan is submitted, including information concerning the projects and programs to be supported and services to be provided, which shall be made available to the public within the State in a manner that will facilitate comment from any individual during the period of the development of the description and after the transmittal of such; and

"(9) contain a plan for conducting health education and disease prevention programs for identifiable racial and ethnic communities, including consultation with minority community-based organizations.

"(d) ASSURANCES.—As part of the State plan required under subsection (a), a State shall provide assurances satisfactory to the Secretary that such State—

"(1) shall use the amounts allotted to it under section 1943 in accordance with the requirements of the State plan and of this part;

"(2) shall establish reasonable criteria for the evaluation of the effective performance of entities that receive assistance from the allotment to the State under this part;

"(3) shall identify those populations including racial and ethnic minorities, areas, and localities in the State that demonstrate a need for the services for which funds may be provided by the State under this part; and

"(4) shall use amounts made available under section 1944 for any period to supplement and increase the level of State, local, and other Federal assistance that would, in the absence of amounts available under section 1944, be made available for the programs and activities for which funds are provided for under this part, and shall not use funds made available under this part to supplant such State, local, and other Federal funds.

"SEC. 1947. STATE HEALTH OBJECTIVES REPORT.

"(a) **IN GENERAL.**—Not later than 120 days after the end of each fiscal year for which assistance is provided under this part, each State, in cooperation with participating local units of government, shall prepare and submit, to the Secretary, an annual State health objectives report concerning the activities of the State under this part, that meets the requirements of this section.

"(b) **REQUIREMENTS.**—A State report submitted under subsection (a) shall be in such form and contain such information as the Secretary determines, after consultation with the heads of the State agencies and the Comptroller General, to be necessary—

"(1) to determine whether funds were expended by the State in accordance with this part and consistent with the needs within the State as proscribed in the State plan;

"(2) to secure a description of the projects and programs within the State operated or assisted with amounts provided under allotments made under this part; and

"(3) to secure a record of—

"(A) the purposes for which amounts provided under this part were expended;

"(B) the recipients of such funds; and

"(C) the progress made toward achieving the purposes for which such funds were provided.

"(c) **UNIFORM DATA ITEM.**—A State report submitted under subsection (a) shall include information concerning at least one uniform data item on each National Health Priority described in section 1948(b) to be determined in consultation with the Secretary.

"(d) **UNIFORM DATA SETS.**—Each State shall report uniform data sets, as prescribed by the Secretary under section 1948(g), for each National Health Priority addressed in the State plan that shall commence not later than 4 years after the date of enactment of this part.

"(e) **ADDITIONAL CONTENTS.**—The Secretary may require States to include additional information in the State report submitted under this section if such requirements are not unduly burdensome.

"(f) **AVAILABILITY.**—The State shall ensure that the State report is available for public inspection within the State, and the Secretary shall provide copies, on request, to any interested individual.

"SEC. 1948. RESPONSIBILITIES OF THE SECRETARY.

"(a) **ADVISORY COMMITTEE.**—

"(1) **ESTABLISHMENT.**—The Secretary shall establish an advisory committee, to be known as the 'National Health Objectives Advisory Committee', to advise the Secretary concerning National Health Priorities.

"(2) **COMPOSITION.**—The Advisory Committee shall be composed of 10 members, of which—

"(A) one member shall be the Assistant Secretary for Health, who shall serve as chairperson;

"(B) two members shall be appointed by the Secretary from the general public;

"(C) one member shall be appointed by the Administrator of the Environmental Protection Agency;

"(D) two members shall be appointed by the Association of State and Territorial Health Officials;

"(E) one member shall be appointed by the National Association of County Health Officials;

"(F) one member shall be appointed by the United States Conference of Local Health Officials;

"(G) one member shall be appointed by the Association of Schools of Public Health; and

"(H) one member shall be appointed by the American Public Health Association.

"(3) **MEETINGS AND DUTY.**—The Advisory Committee shall meet not less than once each year for the purpose of providing advice to the Secretary concerning the selection, revision, implementation, and evaluation of the National Health Priorities, and the development and adoption of the uniform data set.

"(b) **NATIONAL HEALTH PRIORITIES.**—The Secretary, in consultation with the heads of other Federal agencies and the Advisory Committee, and taking into account the 'Year 2000 Health Objectives' developed by the United States Public Health Service, shall establish—

"(1) National Health Priorities that shall form the basis for all activities that receive assistance under this part;

"(2) from the priorities established under paragraph (1), a set of Core Priorities that shall be included in each State plan; and

"(3) in cooperation with other appropriate national organizations, an estimate of the personnel and training that will be needed throughout the United States to accomplish the priorities established under paragraph (1).

"(c) **REVIEW OF STATE PLANS.**—The Secretary shall review each proposed State plan, and each proposed amendment thereto, submitted by a State under section 1946, and approve each such plan or amendment, or each portion of such plan or amendment, that the Secretary determines complies with the requirements of this part.

"(d) **STATE REPORT.**—The Secretary shall receive and review each State report submitted by a State under section 1947, and shall compile, evaluate, and prepare and submit, to the appropriate Committees of Congress, and the President, an annual National Health Objectives Report concerning the data and information contained in such State.

"(e) **OTHER ASSISTANCE.**—The Secretary shall provide consultation, guidance, and technical assistance to State and local units of government, and to other entities participating in the programs created under this part, to—

"(1) assist in the development of data sets as required under section 1946, and uniform data items required under section 1947; and

"(2) assist States with State plans, or amendments to such plans, that the Secretary determines does not comply with the requirements of this part, in revising such plans or amendments to comply with the requirements of this part.

"(f) **RESEARCH AND TRAINING.**—From amounts made available under section 1943(c), the Secretary shall—

"(1) utilize not more than 5 percent, or \$5,000,000 whichever is less, to administer the assistance made available to States under such section;

"(2) utilize 50 percent of all such remaining amounts to provide assistance for the professional training of public health personnel, including—

"(A) the identification of new knowledge bases and skills for State and local public health personnel that are reasonably necessary and appropriate to permit the States to achieve the National Health Priorities; and

"(B) encouraging the training and education of appropriate numbers of such personnel, including racial and ethnic minority personnel, in such knowledge bases and skills, including cross cultural skills, by establishing cooperative agreements with schools of public health and other institutions that train and educate such personnel; and

"(3) utilize all such remaining amounts to provide assistance for research, pilot and demonstration projects and programs that the Secretary determines to show the potential impact of regional or national significance with respect to the National Health Priorities.

"(g) UNIFORM DATA SETS.—The Secretary shall direct the Centers for Disease Control, in cooperation with local and State health officials, to establish uniform data sets for each of the National Health Priorities described in subsection (b). Such data sets shall be adopted not later than 2 years after the date of enactment of this part.

"SEC. 5. REPEAL.

"Effective October 1, 1992, sections 1901, 1902, 1903, 1905, 1906, 1907, 1908, and 1909 of the Public Health Service Act (42 U.S.C. 300w, 300w-1, 300w-2, 300w-4, 300w-5, 300w-6, 300w-7, 300w-8) are repealed."

III. BACKGROUND AND NEED FOR THE LEGISLATION

NATIONAL HEALTH GOALS

In 1979, the Public Health Service initiated a process, beginning with the publication of *Healthy People: The Surgeon General's Report on Health Promotion and Disease Prevention*, that described for the first time a national public health agenda. This report established five quantifiable goals for improving the health of Americans and documented the importance of disease prevention and health promotion in achieving these goals.

In 1980, more than 500 participants from local, state, and national levels participated in the development of 226 specific, measurable health objectives which were published in *Promoting Health/Preventing Disease: Objectives for the Nation*. These objectives, called "the 1990 health objectives," called for improvements in health status, risk reduction, public and professional awareness, health services and protective measures, and surveillance and evaluation. A midcourse review of the objectives was conducted in 1985 "The 1990 Health Objectives for the Nation: A Midcourse Review", which found that approximately one half of the objectives would be

accomplished as targeted, approximately one-quarter would fall short, and one-quarter lacked data to support a determination.

Armed with this information, in 1987, the Public Health Service began a process aimed at publishing a revised set of objectives entitled "Promoting Health and Preventing Disease: Year 2000 Objectives for the Nation", in September, 1990. A consortium of more than 300 member national organizations was developed; public input was gathered through regional hearings and forums held across the country; and draft objectives were published in September, 1989 for public review and comment.

From the beginning of the development process, a set of principles has governed the development of objectives. They include credibility, freedom from data constraints and responsibility. Quantifiable targets for improving health status, reducing risk factors for disease and disability, and improving services form the basis for a prevention agenda to be achieved by the Year 2000.

Currently, the major areas for establishing priorities are health promotion, health protection, preventive services, and overall system improvement. The area of health promotion includes eight priorities: physical activity and fitness; nutrition; tobacco; alcohol and drugs; family planning; mental health; violent and abusive behavior; and educational and community based programs. The area of health protection includes five priorities: unintentional injuries; occupational safety and health; environmental health; food and drug safety; and, oral health. The preventive services area includes: maternal and infant health; heart disease and stroke; cancer; other chronic and disabling conditions; HIV infection; sexually transmitted diseases; immunization and infectious diseases; and, clinical preventive services. The priority area of surveillance and data systems assesses data issues broadly and includes objectives to improve the overall national health data system.

DEVELOPMENT OF MODEL STANDARDS FOR COMMUNITY PREVENTIVE HEALTH CARE

Concurrent with the development of national health goals and objectives, Congress charged the Secretary of Health and Human Services with developing model standards for population based prevention services delivered in communities. At the direction of the Secretary, the Centers for Disease Control worked in conjunction with national public health organizations in order to develop and field test Model Standards for Community Preventive Health Care.

While the Model Standards were intended to provide comprehensive goals and objectives to help community leaders work together to improve health, the environment, and quality of life, they focused on program areas rather than health status goals. They are designed for use at the local level in community-based planning for health programs and health services. The Model Standards are coordinated with National Health Objectives. They will be published along with the Objectives in the upcoming publication "Promoting Health and Preventing Disease: Year 2000 Objectives for the Nation".

REPORT BY THE INSTITUTE OF MEDICINE

In 1987, the Institute of Medicine (IOM) of the National Academy of Sciences undertook a major study of the public health system. They set out to address a growing perception among their own membership and others concerned with the health of the public that the nation has lost sight of its public health goals and has allowed the system to fall into disarray. The study describes public health as "what we, as a society, do collectively to assure the conditions in which people can be healthy". The subsequent report "*The Future of Public Health*", finds that "as a nation, we have slackened our public health vigilance nationally, and the health of the public is unnecessarily threatened as a result." The report further cites the many achievements and dedication of public health workers and commends them for doing so much with so few resources.

Specifically, the IOM report makes recommendations regarding the mission of public health, the governmental role in fulfilling the mission, and the responsibilities unique to each level of government. Further, the report offers recommendations which are instrumental in implementing the basic recommendations for the future of public health. Moreover, the report speaks to the urgency of the situation and cites public health as a vital function that is in trouble. The report calls for national leadership, and for a strategy that blends professional knowledge with community values, acknowledging that specific actions to strengthen public health will necessarily vary from area to area.

The IOM report places a high priority on the importance of policy development in public health. The report cites the National Objectives for 1990 and the Model Standards for Community Preventive Health Services as constituting the nation's public health policy. However, the report describes the testimony of state and local public health officials who were too often "putting out fires" rather than systematically following the established national priorities. The solution, according to the report, is adequate funding in order to support implementation of the upcoming National Health Objectives for the Year 2000.

IMPLEMENTATION OF THE NATIONAL HEALTH OBJECTIVES FOR THE
YEAR 2000

Currently there is no Federal legislation that facilitates the implementation of the National Health Objectives for the Year 2000. Thus, there is a need for legislation which will provide for adequate funding for implementation and assure flexibility such that individual states and territories are able to implement objectives that reflect their particular needs. There is also a need to create coordinating and integrating mechanisms at the Federal, State and Local levels in order to assure representation of relevant organizations and groups and a comprehensive approach. Finally, there is a need to assure an adequate supply of trained public health professionals to carry out the implementation of the nation's health objectives. These needs are addressed in S. 2056.

IV. HEARINGS

The Committee on Labor and Human Resources held hearings on April 20, 1990 to consider S. 2056, legislation which would amend Title XIX of the Public Health Service Act to provide grants to States to establish and implement State health objectives plans through the provision of assistance to Designated Official State Public Health Agencies.

The first witness at the hearing was J. Michael McGinnis, M.D., Deputy Assistant Secretary for Health for Disease Prevention and Health Promotion for the Health Service, Department of Health and Human Services. Dr. McGinnis discussed the development of the Year 2000 Health Objectives. He spoke of participation from individuals and groups nationwide in the development of national health objectives and cited that participation as evidence of a growing social commitment to, and accountability for health.

Dr. McGinnis indicated that the Public Health Service was very supportive of the goals and purposes of the Health Objectives 2000 Act. He spoke of the need to do a better job nationally in achieving the national health objectives and indicated the need for improving coordination among Federal, State, and local health departments. He urged continued efforts to broaden the base of support for accomplishing the nation's health goals. Dr. McGinnis indicated that many of the Year 2000 health promotion and disease prevention objectives aim specifically at improving the health of populations that are at higher risk for morbidity, disability, or premature death.

Following Dr. McGinnis was a panel consisting of Jack and Ramona Brooks, Herrestine Chambers, and Emily Holing and her daughter Erin. This panel talked about the benefits they had personally experienced from health promotion and disease prevention efforts.

Mr. Jack Brooks is retired as a pastor from a church in Rock Rapids, Iowa. While serving as pastor, Mr. Brooks and his wife, Ramona, agreed to provide the church facility as a site for a federally funded health screening clinic. Mr. and Mrs. Brooks told the Committee that they both considered themselves in excellent health. However, they indicated that they decided to participate in the health screens in order to learn more about them. As a result of the screening, Mr. Brooks learned that he had prostate cancer and Mrs. Brooks learned that she had uterine cancer. However, both diseases were detected in early stages and were successfully treated. Both Mr. and Mrs. Brooks told of the importance of receiving care at the beginning stages of cancer. Both feel early intervention saved their lives and that the health screenings they received are the reason they have a clean bill of health today. Mr. Brooks also spoke to an important advantage of community-based prevention programs. He said, "There was something so much less threatening about going to this type of screening clinic than going to a doctor's office. . . . Obviously, I should not have procrastinated as long as I did, but I wonder if I would have gone for a physical at all if it were not for this easily accessible, non-threatening opportunity."

Herrestine Chambers, from Belzone, Mississippi, is a Voluntary Community Health Advisor for PINAH (Partners for Improved Nutrition and Health). PINAH is a community-based program that works in partnership with the Mississippi Department of Health, the Cooperative Extension Service, the Humphrey County Inter-agency Council, and the Freedom From Hunger Foundation. Mrs. Chambers spoke of being chosen as a Health Advisor because she was seen as a leader in her community. Mrs. Chambers said that members of her community come to her for advice and assistance because they know and trust her. Thus she is in a position to help people implement lifestyle changes that keep them healthy or assist them in finding services very early when they become ill. She indicated that more than half of the people she and other Health Advisors assisted were over 60 or were teenagers. Mrs. Chambers said that under the program community health advisors visit people in their homes to help them with a variety of health-related problems; help institute home supports to keep people from having to seek care in hospitals; develop school nutrition programs and after school recreation programs; and, among other things, conduct health fairs with the Health Department. Mrs. Chambers also referred to the special importance of prevention activities in rural areas. She said, "Many of our senior citizens live way out in the remote rural areas where the agencies cannot reach them—and it is hard for them to get in to the towns and the services they need. As Health Advisors, we get out in the rural (areas), and bring support to some of these people who just aren't linked into the system in any other way."

Emily Holing, from Bellevue, Washington, is a nurse practitioner, and has had insulin dependent diabetes since the age of 10. She told of the problems that women such as herself experience if they become pregnant. She said that she was 3-5 times more likely than the non-diabetic woman to have a baby with a major birth defect. Mrs. Holing told of enrolling in a study at the University of Washington, and through careful monitoring of her diabetes to conception and during her pregnancy, was able to give birth to a healthy daughter. Her daughter, Erin, accompanied her to the hearing. Erin is now seven and has a younger brother, Zachary, who is five and also quite healthy. Mrs. Holing told of working with women like herself, and the importance of teaching women before they become pregnant how to manage their diabetes in order to have a healthy baby. Ms. Holing also spoke to the cost effectiveness of early intervention. She said, "No price tag can be placed on a healthy baby. Yet we know that social programs are expensive, and 'fiscal responsibility' is a fact of life. The good news is that programs needed for diabetes in pregnancy can save health dollars." She said that studies have shown that the cost of health for an infant born with a birth defect can reach \$250,000 by the time the baby reaches 20. Compared to this, she indicated, the cost of care to prevent the birth defect is very small.

The last panel of the day represented national organizations concerned with health promotion and disease prevention. Panelists included Dr. Earl Fox, Dr. C. William Keck, Dr. Martin Wasserman, and Dr. Jane Delgado.

Dr. Earl Fox is the State Health Officer for the Alabama Department of Health. He presented the testimony of Dr. H. Denman Scott, Director of Health for the State of Rhode Island and President of the Association of State and Territorial Health Officials (ASTHO), on behalf of ASTHO, the organization which represents the heads of public health agencies in the states and territories. He said that ASTHO wholeheartedly supports implementation of the National Health Objectives for the Year 2000 and spoke of the importance of augmenting the resources that are made available for achieving those objectives. He pointed out that only 50% of the "1990 Health Objectives" were met, and said that if more resources had been available, more objectives would have been met. Dr. Fox testified to the current problems with this nation's health care system and the important role that S. 2056, the Health Objectives 2000 Act, would play in improving the health of Americans. Dr. Scott, in his written statement, said, "During the past few years, several things have occurred which have brought to light the need for the United States to review the means for improving its citizens' health. We have directed huge resources for high tech medical care which, coupled with a rapidly aging population, has produced unremitting rises in health care costs. While many benefits have accrued from these expenditures, rising costs have also contributed to a rapid expansion in the number of people without health insurance. The twin problems of cost and access have made it difficult for the nation to focus on its health goals and how an expanded commitment to health promotion and disease prevention can contribute to our reaching those goals. Passage of S. 2056 will go a long way towards correcting the imbalance between medical care and health promotion and disease prevention; between our obsession with how we get out of trouble, rather than how we stay out of trouble.

Dr. Fox also spoke to the importance of legislation giving states the flexibility to address the more pressing issues in their own jurisdiction, as well as focus on core national health priorities. He further emphasized the need for coordination between state and local health agencies. In addition, Dr. Fox outlined a number of changes to S. 2056 which ASTHO urged that the Committee consider. He recommended that each State be required to have its own advisory committee to advise and make recommendations to the state health official regarding the selection of state health priorities and the implementation of this Act. In the area of data collection, he recommended that the Centers for Disease Control establish common data sets for each health objective and that each state be required to report on these data sets, thus providing a national overview on the health status of this nation. He also suggested a three tiered allocation formula for the allotment of funds under the Act.

Dr. C. William Keck is the Director of Health for the Akron City Health Department in Ohio. He is President-Elect of the American representative of the United States Conference of Local Health Officers (USCLHO). Dr. Keck spoke in support of implementing the National Health Objectives for the Year 2000, and emphasized the need for flexibility of decisionmaking at the state and local level, and coordination of efforts. He cited S. 2056's central thrust of im-

proving Federal investment in health promotion and disease prevention efforts as having two beneficial impacts. Dr. Keck said, "Investment in these efforts now can improve our population's health and substantially reduce expenditures that would otherwise have to be made in the future."

Dr. Keck made several suggestions for the Committee's consideration. He called for the establishment of a State Health Objectives Advisory Committee on each state and urged that any effort include the establishment of a national uniform data set. He also urged continuation and appropriate growth of existing categorically funded programs such as childhood immunization, the injury control program, and others whose maintenance is essential if the National Health Objectives are to be met.

Dr. Martin Wasserman is the Director of Health for Montgomery County, Maryland, and President of the National Association of County Health Officials (NACHO). Suzanne Muncy, Deputy Director of Health for Montgomery County, presented Dr. Wasserman's statement, on behalf of NACHO. Dr. Wasserman's statement spoke of the responsibility of County Health Officials to meet the public health challenges that lie ahead in the next century, and pass on a healthier America to the next generation. In order to approach this, Dr. Wasserman said there needs to be a coordinated effort at the federal, state, and county level. He spoke of the need to be sensitive to people from minority groups or who are non-English speaking. He further emphasized the need for a uniform data reporting system and reaffirmed support for recommendations by Dr. Keck and Dr. Fox.

Dr. Jane Delgado, from Washington, D.C., is the President and Chief Executive Officer of the National Coalition of Hispanic Health and Human Service Organizations (COSSMHO) and spoke on their behalf. Dr. Delgado pointed out that the 22 million Hispanic Americans account for approximately 9% of the U.S. population and that they are likely to increase to 12% of the population by the Year 2000. Dr. Delgado spoke of her concern for adequate representation of Hispanic issues in the proposed National Health Objectives for the Year 2000 and called for a separate priority area on minority health. She further emphasized the need for specifically providing for participation of minority community-based health organizations in the implementation of the proposed Objectives. In addition, Dr. Delgado stated support for providing flexibility in funding so that Federal programs allow States and local communities to address the most pressing needs in their area in a manner which they have found to be most effective.

V. LEGISLATIVE CONSIDERATION AND VOTES IN COMMITTEE

S. 2056 was introduced on February 1, 1990, by Senator Harkin for himself and Senators Hatch, Pell, Durenberger, Kennedy, Cochran; Simon, Kassebaum, Burdick, Kerrey, Adams, Chafee, Graham, Leahy and Hatfield. Additional cosponsors include Senators Inouye, Dodd, Riegle, Bradley, Bingaman, Packwood, Wirth, Conrad, Lugar, Mikulski, Kohl, Moynihan, Akaka, Shelby, Metzenbaum, and Pressler.

In an Executive Session of the Committee on Labor and Human Resources on Wednesday, June 27, 1990, S. 2056 was brought up for mark up. At that time, Senator Harkin offered an amendment in the nature of a substitute. The motion to report the bill as amended to the Senate was passed unanimously by a vote of 16-0 as follows:

YEAS
Kennedy
Pell
Metzenbaum
Dodd
Simon
Harkin
Adams
Mikulski
Bingaman
Hatch
Kassebaum
Jeffords
Coats
Thurmond
Durenberger
Cochran

NEAS
(None)

VI. COMMITTEE VIEWS

The Committee recognizes that over three-quarters of our burgeoning national health care costs are the result of diseases and injuries which are preventable. Yet, of the over \$600 billion Americans will spend on health care this year, less than 3 percent will be spent on efforts to prevent the conditions which necessitate such care. Nine preventable chronic diseases are responsible for more than half of all deaths of Americans each year. Yet, less than two percent of state public health expenditures are allocated to prevent or control chronic disease.

The Committee believes that the nation's system of public health is vital to maintaining and improving the quality of American life. This important system is in need of revitalization. It suffers from a lack of resources, inadequate infrastructure, and insufficient coordination between the different levels of government.

The Committee concurs with the recommendations of the Institute of Medicine (IOM) in "The Future of Public Health" for the revitalization of the public health system. The IOM recommended that the Federal government fulfill the following public health obligations: "support of knowledge, development and dissemination through data gathering, research and information exchange; establishment of nationwide health objectives and priorities and stimulation of debate on interstate and national public health issues; provisions of technical assistance to help states and localities determine their own objectives and to carry out action on national and regional objectives; and, provisions of funds to states to strengthen their capacity for services, especially to achieve an adequate minimum capacity and to achieve national objectives." The Committee

believes that the revitalization of our system of public health and an increased emphasis on preventing illness should be federally supported and can be achieved in the manner outlined by this legislation.

The purpose of the Health Objectives 2000 Act is to implement the National Health Objectives for the Year 2000 by: providing the States and localities with sufficient capacity and resources to achieve the objectives; creating and developing an effective partnership of Federal, State and local health and mental health agencies, including minority community-based organizations; enabling the States and localities to better address national health policy issues; and, to assess the health status of the American people.

The Committee concurs with the IOM's finding in the *Future of Public Health* that, "public health agencies must have the capacity to generate enough resources to fulfill statutory responsibilities and establish objectives, and to use available resources efficiently and effectively." \$300 million are, therefore, authorized for fiscal year 1991 to carry out the purposes of the Act, rising in increments of \$25 million a year to reach \$400 million by 1995. This represents a significant increase in Federal support of health promotion and disease prevention activities by the States and localities. Many State and localities have not been able to keep up with increasing needs and many basic needs are going unmet. This increase should allow for much needed expansion to address these service gaps.

Though the funding level represents a significant increase in support for these programs, it is a modest and wise investment when current health care expenditures and the cost effectiveness of preventive services are considered. The authorized level of appropriations amounts to only \$1.25 per person, less than one-twentieth of one percent of the well over \$2,500 a year which is spent meeting the health care needs of the average American. Health promotion and disease prevention programs can save money. For example, about \$10 in subsequent medical costs is saved for every \$1 spent on childhood immunizations. Over \$3 are saved for every \$1 spent on prenatal health care for low-income pregnant women.

The authorization level is partially based on the recognition that despite the importance of the Preventive Health and Health Service Block Grant program, which will be folded into the new National Health Objectives program, support for the block grant has been reduced by 25 percent in real terms since 1983.

Approximately 5 percent of the funds appropriated are to be used by the Secretary for the training and education of public health professionals to enhance the capacity of the States and localities to achieve the national health objectives by providing a number of major studies and reports over the last decade have pointed to the shortage of trained public health professionals and the deleterious impact this has had on achieving public health goals. Dr. Louis Sullivan, Secretary of the Department of Health and Human Services, said in his March 1990 report on the status of U.S. health personnel, "Shortages of public and community health personnel currently exist in the following areas: epidemiologists, biostatisticians, several environmental and occupational health specialties, public health nutritionists, public health nurses, and physicians trained in public and preventable medicine." Shortages are

even more significant among racial and ethnic minority personnel. These funds should facilitate an increase in the number of traineeships and other training programs which should increase the pool of trained professionals available to implement the national health objectives. The Committee believes that special emphasis should be placed on increasing the number of trained minority public health professionals and those serving in rural or other underserved areas.

Funds are also authorized for the conduct of research and demonstration programs. Applied research is critical to the attainment of the Year 2000 objectives. Research is often essential to determine the activities necessary to accomplish an objective and may be required to evaluate these activities and determine their effectiveness.

In addition, there is great need for a prevention research agenda for medical schools and schools of public health. Specific mechanisms should be developed to transfer basic science research into applications to problems in the field. Laboratories and testing centers need to be enhanced and developed to conduct more trial runs of preventive procedures and health education efforts.

Enhanced coordination between the Federal, State and local levels in the development and implementation of public health policy is essential to the successful implementation of the Year 2000 Health Objectives. Such enhanced coordination should result in better identification of needs, planning strategies to meet those needs, and more effective and efficient programs to meet those needs. It should also better enable the States and localities to address national health policy issues. The Health Objectives 2000 Act establishes a mechanism for creating and developing an effective partnership by requiring the Secretary to establish a National Health Objectives Advisory Committee and requiring each State to establish a State Health Objective Advisory Committee. The national committee will bring together, under the chairmanship of the Assistant Secretary for Health, Federal, State and local health policy makers, as well as public health professionals and educators and members of the general public. This group will serve the important purpose of linking consumers and local and State level officials in the selection, revision, implementation and evaluation of the National Health Priorities and the development and adopting of a uniform data set.

Appropriate attention to the needs and perspectives of groups with the greatest disparities in health status are critical. The Committee encourages the fullest participation of racial and ethnic minorities and individuals from rural and other medically underserved areas on the national and state advisory committees.

The State Health Objectives Advisory Committees will bring together, under the chairmanship of the State Health Officer, State-level health policy makers, directors of local health agencies, those involved in the provision of public health services (including community-based programs), and consumers of public health services for the purpose of reviewing and providing advice to the State health department relative to the assessment of health needs, developing State health objectives and plans for implementing them, the allocating funds under the State plan, and coordination of pro-

grams funded under this Act and with other similar programs at the State and local level, among other things. In addition, local health agencies must be consulted concerning proposed funding decisions within their jurisdictions under the State Health Objectives Plan.

The Committee recognizes the critical role that community-based organizations, including minority community-based organizations, play and can play in achieving the health goals. Their participation throughout the planning and implementation process should be emphasized.

An important feature of the Health Objectives 2000 Act is the flexibility given to the States to address the more pressing issues within their jurisdictions while also meeting critical national health priorities. States would be required to include among the five or more objectives they pursue those designated by the Secretary as core priorities. There is a national priority base to which the States are to add additional areas of particular importance to them. This flexibility addresses the varying and changing health care needs of the States and localities and their ability to develop and implement programs and services which best meet these needs.

Also essential to the successful implementation of the Year 2000 Health Objectives is the accurate measurement of the health status of the American people. This must be accomplished before priority areas and goals can be appropriately established, strategies for addressing these priority areas and achieving these goals can be formulated, and programs to implement these strategies begun. The Committee concurs with the recommendation of the Institute of Medicine in "The Future of Public Health" that "every public health agency regularly and systematically collect, assemble, analyze and make available information on the health of the community, including statistics on health status, community health needs" The Committee also believes that national uniformity in the collection of data is essential. The Act requires that the Centers for Disease Control establish uniform data sets within two years conformant with these national sets two years later. States are required to provide to the Secretary assurance that minimum data are available to measure the health status of racial and ethnic minorities residing within the State. A good data collection system not only provides public health professionals with the information they need to assess their programs, it also enables a national evaluation of the effectiveness of preventive health measures.

The Committee emphasizes that the new National Health Objectives Grant Program is intended to supplement and not replace current categorical grant programs. These categorically funded programs, such as the childhood immunization and injury control programs, are of critical importance and their continuation is essential to meeting the Year 2000 Objectives. Funding for these programs must be maintained and improved to meet current and changing needs.

The Committee also emphasizes that while this legislation would repeal most of the provisions of the Preventive Health and Health Services Block Grant (PHHSBG) when authority for this program expires on October 1, 1991, it expects that programs and services supported under the block grant will be continued in keeping with

public health needs in each State. Under the PHHSBG, the States have broad authority to establish projects and programs aimed at health promotion and disease prevention. Specific authority is given for programs including emergency medical services, fluoridation, rodent control, home health services and rape prevention. Using this authority, the States have chosen to support a broad and greatly varied set of projects and programs, reflecting the needs and priorities of each State. In order to assure that these services can be maintained, Section 1904 of the Public Health Service Act, which contains the authority for funding the activities under the PHHSBG, has been specifically maintained. In addition, in recognition of the critical need for programs and services to prevent rape and assist rape victims, the \$3.5 million set aside of appropriated funds for the PHHSBG has been retained. A 1987 report by the Association of State and Territorial Health Officials indicates that nearly two-thirds the funding for rape prevention programs nationally comes from the PHHSBG.

Emergency medical services are among the most critical of those supported by the PHHSBG. Many States have elected to fund these services with their PHHSBG funds. It is expected that those States will continue to support these programs and services. In addition, Section 1910 of the Public Health Service Act provides for a separate authorization of \$2 million for emergency medical services to children. This important provision is not effected by S. 2056.

The Committee emphasizes the important role that education, especially childhood education, can and does play in promoting healthier lifestyles and better health. For example, better nutrition and more regular exercise can greatly reduce the incidence of our leading killer, heart disease, and both can be greatly encouraged through early education. Both the 1990 and the draft Year 2000 Health Objectives recognize this and placed significant emphasis on improving public health education. School-based instruction and programs relative to the achievement of the health objectives should be emphasized. The State Health Objectives Plan should be developed in each State so as to be coordinated to the greatest extent possible with State and local health education efforts. Such coordination should enhance the ability of States and localities to meet targeted objectives.

VII. REGULATORY IMPACT

The Committee has determined that there will be minimal regulatory impact imposed by this bill.

VIII. COST ESTIMATE

U.S. CONGRESS,
CONGRESSIONAL BUDGET OFFICE,
Washington, DC, July 12, 1990.

HON. EDWARD M. KENNEDY,
Chairman, Committee on Labor and Human Resources,
U.S. Senate, Washington, DC.

DEAR MR. CHAIRMAN: The Congressional Budget Office has prepared the attached cost estimate for S. 2056, the Health Objectives

2000 Act, as ordered reported by the Senate Committee on Labor and Human Resources on June 27, 1990.

If you wish further details on this estimate, we will be pleased to provide them.

Sincerely,

ROBERT D. REISCHAUER, *Director*.

Attachment.

CONGRESSIONAL BUDGET OFFICE—COST ESTIMATE

1. Bill number: S. 2056.
2. Bill title: Health Objectives 2000 Act.
3. Bill status: As ordered reported by the Senate Committee on Labor and Human Resources on June 27, 1990.
4. Bill purpose: To amend Title XIX of the Public Health Service Act to provide grants to states to establish and implement state health objective plans, and for other purposes.
5. Estimated cost to the Federal Government:

(By fiscal years, in millions of dollars)

	1991	1992	1993	1994	1995
Authorization levels.....	300	325	350	375	400
Estimated outlays.....	159	253	318	357	382

The costs of this bill fall within budget function 550.

Basis of estimate: S. 2056 would authorize the Secretary of Health and Human Services (HHS) to grant funds to states to assist states to establish and implement state health objective plans. The Secretary of HHS would be responsible for administering assistance to the states and for providing financial assistance for research and professional training of public health personnel. Authorization levels for these provisions were stated in the bill.

This estimate assumes that all authorizations are fully appropriated at the beginning of each fiscal year. Outlays are estimated using spendout rates computed by CBO on the basis of recent program data.

6. Estimated cost to State and local government: None.
7. Estimate comparison: None.
8. Previous CBO estimate: None.
9. Estimated prepared by: Karen Graham (226-2820).
10. Estimate approved by: C.G. Nuckols for James L. Blum, Assistant Director for Budget Analysis.

IX. SECTION-BY-SECTION ANALYSIS

SECTION 1

Section 1 provides that the Act be cited as the "Health Objectives 2000 Act."

SECTION 2

Section 2 declares that, unless otherwise provided, all references in this Act to amendments to or repeal of a section or other provi-

sions of existing law should be considered to be changes to the Public Health Service Act (42 U.S.C. 201 et seq.).

SECTION 3

Section 3 provides that the purpose of the Act is to implement the Year 2000 National Health Objectives through the provision of assistance to Designated Official State Public Health Agencies to:

- (1) Provide States and localities with sufficient capacity and resources to achieve the National Health Objectives for the Year 2000, with emphasis placed on flexibility to target specific State and local needs and priorities;
- (2) Create and develop an effective partnership between Federal, State, local and community health agencies and others to develop initiatives for preventing disease and illness;
- (3) Enable States and localities to address national health policy issues; and,
- (4) Assess the health status of Americans.

SECTION 4

Section 4 amends Title XIX of the Public Health Service Act by adding at its end a new Part E entitled "National Health Objectives Grants To States". It adds Sections 1941 through 1948 as summarized below:

Section 1941. Definition and administration

Key terms within the Act are defined and authority to administer the program is designated to the Centers for Disease Control within the Department of Health and Human Services.

Section 1943. Authorization of appropriations

Appropriations are authorized for 5 years, at \$300 million for fiscal year 1991, \$325 million for fiscal year 1992, \$350 million for fiscal year 1993, \$375 million for fiscal year 1994, and \$400 million for fiscal year 1995.

Section 1943. Allotments

A. Specifies that the Secretary is to use no more than 90 percent of the funds appropriated to make allotments the States and territories based on the following 3 tiered formula:

First, each State would receive an amount equal to what they received under the existing Prevention Block Grant Program in the previous fiscal year;

Second, from the remainder of appropriated funds, each State would receive an additional allotment based on a population formula beginning at \$12,500 for the smallest territory to \$2 million for the largest States. If the remainder is less than the total of these amounts, each State will receive an amount which bears the same ratio to the total of all amounts available for allotment under this section as their listed allotment bears to the total of all listed amounts under this section; and,

Third, any excess money would be allotted to each State such that the percentage of the total excess monies received by each

State would be equal to the percentage of the nation's population represented by that State.

The current set aside of \$3.5 million of appropriated funds within the Preventive Health and Health Services Block Grant for programs to provide assistance to victims of sex offenses is preserved under this Act.

Authority for Indian tribes to apply for grants under the National Health Objectives Grant program is established in accordance with current authority under the Prevention and Health Services Block Grant.

If in any fiscal year there are excess appropriated funds under this section which have not been allotted because one or more State has notified the Secretary that they do not intend to use their fully allotted amount, such excess is to be allotted among the remaining States in proportion to the amount otherwise allotted to such States for such fiscal year.

B. No more than 10 percent of appropriated funds would be used by the Secretary for research, training and administration as provided for in Section 1948(f) of the Act.

Section 1944. Payments under allotments to states.

States must submit and have approved by the Secretary of the Department of Health and Human Services (DHHS) a State Health Objective Plan in order to receive its allotment under this Act.

Unobligated funds received by a State under this Act shall be carried over to the next fiscal year. The Secretary, at the request of a State, may reduce the amount of payments to the State by an amount equal to the value of services, supplies or equipment provided to the State by the Secretary.

Section 1945. Use of allotments.

A. States must use 90 percent of the funds allotted to them under this program for the development and implementation of a State Health Objectives plan that includes the development and collection of data to assess the public health needs of persons residing in the State, assistance in planning programs described in the State plan, and funding of health promotion and disease prevention programs. These funds are also to be used to maintain programs and services currently funded through the Prevention and Health Services Block Grant when authorization for this program expires October 1, 1991.

Funds from this Act may not be used to provide inpatient health services, make cash payments to intended recipients of health services, purchase or improve land, buildings or major medical equipment, or to satisfy the requirement for non-Federal funds in order to receive other Federal funds.

B. States may use no more than 10 percent of the funds allotted to them under this Act for administration. Administration is defined not to include the collection or assessment of data.

Section 1946. State Health Objectives plan and activities.

A. In order to receive funding under this Act, each State is required to prepare and submit to the Secretary a State health objectives plan developed by a State Health Objectives Advisory Com-

mittee. This Committee is to be chaired by the State Health Officer and to have members from the general public and directors of local health departments. States are encouraged to include members on the Committee representing entities receiving grants under this program, community-based health and mental health organizations, and academic institutions which train public health professionals.

The Advisory Committee shall review and make recommendations to the State Health Agency regarding the contents of the State Health Objectives Plan, and coordination of programs funded under this Grant with other similar programs.

B. Each State Health Objectives Plan submitted to the Secretary must contain the following:

- (1) A specific set of no fewer than 5 State Health Objectives (including at least all of the Core National Health Priorities), which includes detailed information on how the objectives shall be carried out and monitored by the State;
- (2) For each State Health Objective chosen there must be a minimum set of data available to accurately measure the status of the State's population relative to the objective. This data must be used to identify the progress toward meeting the objective that the State expects to make. For each objective the State must also specify the particular strategies it intends to use to meet the objective as well as specify the methods it intends to use to measure the progress made by the State in achieving the objective;
- (3) A budget which includes the specific proportion of funds to be used at each level of State or local government and by other organizations;
- (4) A description of the mechanisms by which the State will distribute funding to local health agencies and other organizations for the implementation of the objectives, as well as monitoring the progress of these organizations in meeting the objectives;
- (5) A description of the projects and programs to be supported and services to be provided with the funds, including a plan for conducting health education and disease prevention programs for racial and ethnic minorities;
- (6) A listing of the State's public health personnel needs necessary to achieve its health objectives; and,
- (7) Provide assurances satisfactory to the Secretary regarding the expenditure of funds, operation of programs, and identification of target populations.

Section 1947. State Health Objectives Report.

Each State, in cooperation with participating local units of government is required to submit to the Secretary a State Health Objectives Report at the end of each fiscal year. This report is to detail where and how funds were expended and describe programs and projects initiated in the State during the year.

The report must also contain information concerning at least one uniform item of data on each National Health Priority to be determined in consultation with the Secretary. Within 4 years, each

State is responsible for reporting uniform data sets for each National Health Priority addressed in the State Plan.

Each State shall ensure that this State report is available for public inspection in the State, and the Secretary shall provide copies upon request of any interested individual.

Section 1948. Responsibilities of the Secretary.

The Secretary is to establish a National Health Objectives Advisory Committee to advise him with respect to the selection, revision, implementation and evaluation of the National Health Priorities, and the development and adoption of the uniform data set. The Committee is to be made of 10 members appointed by the Secretary, the Administrator of the Environmental Protection Agency, and national associations representing state, local and county health officials and public health professionals.

The Secretary, taking into account the "Year 2000 Health Objectives" developed by the Public Health Service, shall establish National Health Priorities that will form the basis for all activities that receive funding under this bill. From these Priorities, the Secretary shall establish a set of Core Priorities which must be included in each State Plan.

The Secretary, in cooperation with other appropriate national organizations, is to develop an estimate of the personnel and training that will be needed nationally to accomplish the National Health Priorities.

The Secretary is to review all State Plans and Reports to assure that they meet all requirements of the program and prepare and submit to Congress and the President an annual National Health Objectives Report concerning data and information contained in such State reports.

The Secretary is also to provide consultation, guidance and technical assistance to State and local governments and other entities participating in the programs created under this Act.

The Secretary is to use not more than 5 percent, or \$5 million, whichever is less, of the funds designated for his use to administer assistance made available to the States. 50 percent of all remaining monies are to be used by the Secretary to provide assistance for the professional training of public health personnel. Any remaining funds are to be used by the Secretary to provide assistance for research, pilot and demonstration projects and programs determined to show the potential impact of regional or national significance with respect to the National Health Priorities.

The Secretary is to direct the CDC, in cooperation with State and local health officials, to establish uniform data sets for each of the National Health Priorities.

SECTION 5

Section 5 provides for the repeal of Sections 1901, 1902, 1903, 1905, 1906, 1907, 1908, 1909 and 1909 of the Public Health Service Act effective October 1, 1991.

X. CHANGES IN EXISTING LAW

In compliance with rule XXVI paragraph 12 of the Standing Rules of the Senate, the following provides a print of the statute or the part or section thereof to be amended or replaced (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italic, existing law in which no change is proposed is shown in roman):

PUBLIC HEALTH SERVICE ACT

* * * * *

TITLE XIX—BLOCK GRANTS

PART A—PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT

AUTHORIZATION OF APPROPRIATIONS

Sec. 1901. [300w] (a) * * *

* * * * *

PART E—NATIONAL HEALTH OBJECTIVES GRANTS TO STATES

SEC. 1941. DEFINITIONS AND ADMINISTRATION.

(a) DEFINITIONS.—As used in this part:

(1) ADVISORY COMMITTEE.—The term "Advisory Committee" means the National Health Objectives Advisory Committee established under section 1948(a).

(2) CORE PRIORITIES.—The term "Core Priorities" means the National Health Priorities that are designated by the Secretary as "Core National Health Priorities" and that must be included in the State health objectives provided in the State health objectives plan of each State.

(3) NATIONAL HEALTH PRIORITIES.—The term "National Health Priorities" means the priorities established under section 1948(b).

(4) STATE AGENCY.—The term "State agency" means the department, agency, commission, or other entity designated and vested with authority under State law over matters concerning public health.

(5) STATE PLAN.—The term "State plan" means the health objectives plan of a State submitted under section 1946.

(6) STATE REPORT.—The term "State report" means the annual report of a State required under section 1947.

(b) ADMINISTRATION.—The Secretary shall carry out this part through the Centers for Disease Control.

SEC. 1942. AUTHORIZATION OF APPROPRIATIONS.

For the purpose of making allotments to States to carry out this part, there are authorized to be appropriated—

- (1) \$300,000,000 for fiscal year 1991;
- (2) \$325,000,000 for fiscal year 1992;
- (3) \$350,000,000 for fiscal year 1993;
- (4) \$375,000,000 for fiscal year 1994; and
- (5) \$400,000,000 for fiscal year 1995.

SEC. 1943. ALLTOMENTS.

(a) AMOUNT.—

(1) *IN GENERAL.*—The Secretary shall use not to exceed 90 per cent of the amounts appropriated under section 1942 for each fiscal year to make allotments in accordance with paragraphs (2) through (5).

(2) *FORMULA.*—The amount of an allotment to a State under paragraph (1) shall equal the amount of the allotment for such State under section 1902 for the fiscal year preceding the year in which the allotment under this paragraph is being made.

(3) *REMAINDER.*—From the remainder of amounts made available under paragraph (1), the Secretary shall allot in each fiscal year to each State an amount that equals—

(A) \$12,500, if the population of the State does not exceed 50,000;

(B) \$37,500, if the population of the State exceeds 50,000 but does not exceed 450,000;

(C) \$500,000, if the population of the State exceeds 450,000 but does not exceed 1,000,000;

(D) \$750,000, if the population of the State exceeds 1,000,000 but does not exceed 3,000,000;

(E) \$1,000,000, if the population of the State exceeds 3,000,000 but does not exceed 6,000,000;

(F) \$1,250,000, if the population of the State exceeds 6,000,000 but does not exceed 10,000,000;

(G) \$1,500,000, if the population of the State exceeds 10,000,000 but does not exceed 15,000,000; and

(H) \$2,000,000, if the population of the State exceeds 15,000,000.

(4) *RELATIVE POPULATION.*—To the extent that all amounts available for allotment under paragraph (1) for each fiscal year are not otherwise allotted to States under paragraphs (2) and (3), such excess shall be allotted to each State in an amount that bears the same ratio to such excess amount for such fiscal year as the total population of the States bears to the population of all States.

(5) *VICTIMS OF SEX OFFENSES.*—Of amounts appropriated under section 1942, not less than \$3,500,000 shall be used to provide services of the type described in section 1904(a)(1)(G).

(6) *ADJUSTMENT.*—If for any fiscal year the amount appropriated under section 1942 is less than the total of all amounts listed under paragraph (3), the amount allotted to each State shall be an amount that bears the same ratio to the total of all amounts available for allotment under such section as the amount of the allotment that the State is entitled to under paragraph (3) bears to the total of all such amounts under such paragraph.

(7) INDIANS.—

(A) *IN GENERAL.*—If the Secretary—

(i) receives a request from the governing body of an Indian tribe or tribal organization within any State that funds under this part be provided directly to the Secretary to such tribe or organization; and

(ii) determines that the members of such tribe or tribal organization would be better served by means of grants made directly by the Secretary under this part; the Secretary shall reserve from amounts which would otherwise be allotted to such State under paragraph (1) for the fiscal year the amount determined under subparagraph (B).

(B) **RESERVATION.**—The Secretary shall reserve for the purpose of subparagraph (A) from amounts that would otherwise be allotted to such State under paragraph (1), an amount equal to the amount which bears the same ratio to the State's allotment for the fiscal year involved as the total amount provided or allotted for fiscal year 1981 by the Secretary to such tribe or tribal organization under the provisions of law referred to in section 1902(a) (as such section existed prior to the date of enactment of this part) bore to the total amount provided or allotted for such fiscal year by the Secretary to the State and entities (including Indian tribes and tribal organizations) in the State under such provisions of law.

(C) **GRANTS.**—The amount reserved by the Secretary on the basis of a determination under this paragraph shall be granted to the Indian tribe or tribal organization serving the individuals for whom such a determination has been made.

(D) **ELIGIBILITY.**—For an Indian tribe or tribal organization to be eligible for a grant for a fiscal year under this paragraph, it shall submit to the Secretary a plan for such fiscal year which meets such criteria as the Secretary may prescribe.

(E) **DEFINITIONS.**—As used in this paragraph, the terms, 'Indian tribe' and 'tribal organization' shall have the same meaning given such terms in section 4(b) and section 4(c) of the Indian Self-Determination and Education Assistance Act.

(b) **UNALLOTTED AMOUNTS.**—To the extent that all the amounts appropriated under section 1942 for a fiscal year and available for allotment in such fiscal year are not otherwise allotted to States because one or more State has notified the Secretary that such State does not intend to use the full amount of their allotment, such excess shall be allotted among each of the remaining States in proportion to the amount otherwise allotted to such States for such fiscal year under subsection (a)(4).

(c) **RESEARCH, TRAINING AND ADMINISTRATION.**—The Secretary shall use not to exceed 10 percent of the amounts appropriated under section 1942 for each fiscal year as provided for in section 1948(f).

SEC. 1944. PAYMENTS UNDER ALLOTMENTS TO STATES.

(a) IN GENERAL.—

(1) **PLAN REQUIREMENT.**—For each fiscal year, the Secretary shall make payments from amounts appropriated for that fiscal year, as provided for in section 6503(a) of title 31, United States Code, to each State, if such State has submitted an approved State plan, from its allotment under section 1943.

(2) **CARRYOVER FUNDS.**—Any amount paid to a State for a fiscal year and remaining unobligated at the end of such year shall remain available for the next fiscal year to such State for the purposes for which it was made.

(b) **REDUCTION IN AMOUNT.**—

(1) **IN GENERAL.**—The Secretary, at the request of a State, may reduce the amount of payments that a State is entitled to under subsection (a) in an amount equal to—

(A) the fair market value of any supplies or equipment furnished the State; and

(B) the total amount of any pay, allowances, and travel expenses of any officer or employee of the Federal government when detailed to the State and the amount of any other costs incurred in connection with the detail of such officer or employee;

when the furnishing of such supplies or equipment or the detail of such officers or employees is for the convenience and at the request of the State and for the purpose of conducting activities described in section 1945.

(2) **USE OF REDUCTION.**—The amount by which any payment is reduced under paragraph (1) shall be available for payment by the Secretary of the costs incurred in furnishing the supplies or equipment or in detailing the personnel, on which the reduction of the payment is based, and the amount shall be considered to be part of the payment and to have been paid to the State.

SEC. 1945. USE OF ALLOTMENTS.

(a) **STATE PLAN.**—Except as provided in subsections (b) and (c), a State shall utilize amounts paid to it under section 1944, from the allotment of such State under section 1943(a), to develop and implement a State plan, in accordance with section 1946, for—

(1) each of the fiscal years 1991 and 1992, that—

(A) develops and collects data to assess the public health needs and status of the individuals, including minorities, that reside in the State;

(B) requires and provides assistance for planning necessary projects and programs described in the State plan; and

(C) provides for the availability of assistance to projects and programs described in the State plan; and

(2) each of the fiscal years 1992 and 1993, and for each fiscal year thereafter during which the State receives payments under section 1944, that in addition to the activities described in paragraph (1), provides for the funding of projects and programs authorized under to sections 1904.

(b) **LIMITATIONS.**—A State shall not use amounts paid to it under section 1944, to—

(1) provide inpatient services;

(2) make cash payments to intended recipients of health services;

(3) purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or other facility, or purchase major medical equipment; or

(4) satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds.

(c) **ADMINISTRATION.**—Not more than 10 percent of the total amount paid to a State under section 1944 from the State allotment under section 1943(a) for any fiscal year shall be used for administering the funds made available under section 1944. The State shall pay from non-Federal sources any additional costs of administering such funds. For purposes of this subsection, the term "administration" shall not be construed to include collection or assessment of data.

SEC. 1946. STATE HEALTH OBJECTIVES PLAN AND DESCRIPTION OF ACTIVITIES.

(a) **IN GENERAL.**—To receive a payment under section 1944 from the State allotment for a fiscal year under section 1943(a), a State shall prepare and submit, to the Secretary, a State health objectives plan at such time, in such manner, and containing such information as the Secretary shall require. Such State plan shall—

(1) be developed by the State Health Objectives Advisory Committee established under subsection (b);

(2) meet the requirements of subsection (c); and

(3) contain assurances satisfactory to the Secretary that the State will meet the requirements of subsection (d).

(b) **ADVISORY COMMITTEE.**—

(1) **ESTABLISHMENT.**—Each State shall establish a State Health Objectives Advisory Committee, that shall be chaired by the State Health Officer, and shall consist of members of the public and health directors that represent local health departments.

(2) **REPRESENTATIVES.**—States are encouraged to include entities receiving grants under this part, representatives of community-based health and mental health organizations including minority community-based organizations, and a representative of an academic institution that trains public health professionals, as part of the State committee established under paragraph (1).

(3) **MEETINGS.**—The State Health Objectives Advisory Committee shall meet not less than twice each year.

(4) **RESPONSIBILITIES.**—The Advisory Committee established under paragraph (1) shall review and make recommendations to the State health agency concerning—

(A) health assessment and policy development and assurances functions associated with the program established under this part; and

(B) State plans, data collection efforts, the establishment of State health objectives, coordination of efforts funded under this part, coordination with other similar programs, public hearings, and the allocation of funds within the State annual report.

(c) **REQUIREMENTS.**—A State plan submitted under subsection (a) shall—

(1) be developed with the participation of local public health agencies that shall be consulted concerning proposed funding decisions within their jurisdictions under the plan;

(2) contain a specific set of not less than five State health objectives that shall be chosen from the National Health Priorities described by the Secretary under section 1948, and that shall include all Core Priorities identified under such section;

(3) contain an annual budget that describes the manner in which the payments made under section 1944 are to be used by the State, and such budget shall—

(A) specify the portion of such funds that are to be used at each level of the State or local government, and the portion of such funds that are to be allocated for grants to local agencies of public health, community-based health and mental health organizations, including minority community-based organizations, voluntary nonprofit health organizations, and other entities selected by the State help meet State objectives under paragraph (7); and

(B) commit the State to use not less than 80 percent of such payments to meet State objectives that, as determined by the State agency after an analysis of the National Health Priorities, and based on the available State data described in paragraph (4), are critical to improving the health status of the individuals who reside within the State;

(4) in terms of each State objective—

(A) provide assurances satisfactory to the Secretary that there is a minimum set of data available to satisfactorily measure the health status of individuals including racial and ethnic minorities, who reside within the State;

(B) utilize the data described in subparagraph (A) to identify the improvement that the State expects to make in the health status of individuals who reside within the State during the term of the State plan;

(C) specify the particular strategies, projects and programs intended to be used by the State to improve the health status of individuals who reside within the State;

(D) specify the methods intended to be used by the State to evaluate the progress made by the State in improving the health status of individuals who reside within the State; and

(E) provide services targeted at improving the health status of individuals who reside within the State at the level of State or local government that the State determines is most likely to be effective in achieving the State objectives especially with respect to addressing innercity and rural disparities in health status indicators;

(5) provide for the establishment of procedures through which the State shall monitor the progress of local health agencies, community-based organizations, including minority community-based organizations, mental health, and health organizations in implementing the State objectives;

(6) identify public health personnel requirements that the State determines are reasonably necessary and appropriate to permit the State to achieve the State objectives;

(7) identify the mechanism by which the State shall select, and allocate assistance provided under this part to local units

of government, local agencies of public health, community-based health and mental health organizations, including minority community-based organizations, voluntary nonprofit health organizations, and other entities within the State to help meet the State objectives;

(8) contain a description (that may be revised throughout the year as may be necessary to reflect substantial changes in the projects and programs assisted by the State) of the intended use of the payments the State will receive under section 1944 for the fiscal year for which the State plan is submitted, including information concerning the projects and programs to be supported and services to be provided, which shall be made available to the public within the State in a manner that will facilitate comment from any individual during the period of the development of the description and after the transmittal of such; and

(9) contain a plan for conducting health education and disease prevention programs for identifiable racial and ethnic communities, including consultation with minority community-based organizations.

(d) ASSURANCES.—As part of the State plan required under subsection (a), a State shall provide assurances satisfactory to the Secretary that such State—

(1) shall use the amounts allotted to it under section 1943 in accordance with the requirements of the State plan and of this part;

(2) shall establish reasonable criteria for the evaluation of the effective performance of entities that receive assistance from the allotment to the State under this part;

(3) shall identify those populations including racial and ethnic minorities, areas, and localities in the State that demonstrate a need for the services for which funds may be provided by the State under this part; and

(4) shall use amounts made available under section 1944 for any period to supplement and increase the level of State, local, and other Federal assistance that would, in the absence of amounts available under section 1944, be made available for the programs and activities for which funds are provided for under this part, and shall not use funds made available under this part to supplant such State, local, and other Federal funds.

SEC. 1947. STATE HEALTH OBJECTIVES REPORT.

(a) IN GENERAL.—Not later than 120 days after the end of each fiscal year for which assistance is provided under this part, each State, in cooperation with participating local units of government, shall prepare and submit, to the Secretary, an annual State health objectives report concerning the activities of the State under this part, that meets the requirements of this section.

(b) REQUIREMENTS.—A State report submitted under subsection (a) shall be in such form and contain such information as the Secretary determines, after consultation with the heads of the State agencies and the Comptroller General, to be necessary—

(1) to determine whether funds were expended by the State in accordance with this part and consistent with the needs within the State as proscribed in the State plan;

(2) to secure a description of the projects and programs within the State operated or assisted with amounts provided under allotments made under this part; and

(3) to secure a record of—

(A) the purposes for which amounts provided under this part were expended;

(B) the recipients of such funds; and

(C) the progress made toward achieving the purposes for which such funds were provided.

(c) **UNIFORM DATA ITEM.**—A State report submitted under subsection (a) shall include information concerning at least one uniform data item on each National Health Priority described in section 1948(b) to be determined in consultation with the Secretary.

(d) **UNIFORM DATA SETS.**—Each State shall report uniform data sets, as prescribed by the Secretary under section 1948(g), for each National Health Priority addressed in the State plan that shall commence not later than 4 years after the date of enactment of this part.

(e) **ADDITIONAL CONTENTS.**—The Secretary may require States to include additional information in the State report submitted under this section if such requirements are not unduly burdensome.

(f) **AVAILABILITY.**—The State shall ensure that the State report is available for public inspection within the State, and the Secretary shall provide copies, on request, to any interested individual.

SEC. 1948. RESPONSIBILITIES OF THE SECRETARY.

(a) **ADVISORY COMMITTEE.**—

(1) **ESTABLISHMENT.**—The Secretary shall establish an advisory committee, to be known as the “National Health Objectives Advisory Committee”, to advise the Secretary concerning National Health Priorities.

(2) **COMPOSITION.**—The Advisory Committee shall be composed of 10 members, of which—

(A) one member shall be the Assistant Secretary for Health, who shall serve as chairperson;

(B) two members shall be appointed by the Secretary from the general public;

(C) one member shall be appointed by the Administrator of the Environmental Protection Agency;

(D) two members shall be appointed by the Association of State and Territorial Health Officials;

(E) one member shall be appointed by the National Association of County Health Officials;

(F) one member shall be appointed by the United States Conference of Local Health Officials;

(G) one member shall be appointed by the Association of Schools of Public Health; and

(H) one member shall be appointed by the American Public Health Association.

(3) **MEETINGS AND DUTY.**—The Advisory Committee shall meet not less than once each year for the purpose of providing advice to the Secretary concerning the selection, revision, implementation, and evaluation of the National Health Priorities, and the development and adoption of the uniform data set.

(b) *NATIONAL HEALTH PRIORITIES.*—The Secretary, in consultation with the heads of other Federal agencies and the Advisory Committee, and taking into account the "Year 2000 Health Objectives" developed by the United States Public Health Service, shall establish—

(1) National Health Priorities that shall form the basis for all activities that receive assistance under this part;

(2) from the priorities established under paragraph (1), a set of Core Priorities that shall be included in each State plan; and

(3) in cooperation with other appropriate national organizations, an estimate of the personnel and training that will be needed throughout the United States to accomplish the priorities established under paragraph (1).

(c) *REVIEW OF STATE PLANS.*—The Secretary shall review each proposed State plan, and each proposed amendment thereto, submitted by a State under section 1946, and approve each such plan or amendment, or each portion of such plan or amendment, that the Secretary determines complies with the requirement of this part.

(d) *STATE REPORT.*—The Secretary shall receive and review each State report submitted by a State under section 1947, and shall compile, evaluate, and prepare and submit, to the appropriate Committees of Congress, and the President, an annual National Health Objectives Report concerning the data and information contained in such State.

(e) *OTHER ASSISTANCE.*—The Secretary shall provide consultation, guidance, and technical assistance to State and local units of government, and to other entities participating in the programs created under this part, to—

(1) assist in the development of data sets as required under section 1946, and uniform data items required under section 1947; and

(2) assist States with State plans, or amendments to such plans, that the Secretary determines does not comply with the requirements of this part, in revising such plans or amendments to comply with the requirements of this part.

(f) *RESEARCH AND TRAINING.*—From amounts made available under section 1943(c), the Secretary shall—

(1) utilize not more than 5 percent, or \$5,000,000 whichever is less, to administer the assistance made available to States under such section;

(2) utilize 50 percent of all such remaining amounts to provide assistance for the professional training of public health personnel, including—

(A) the identification of new knowledge bases and skills for State and local public health personnel that are reasonably necessary and appropriate to permit the States to achieve the National Health Priorities; and

(B) encouraging the training and education of appropriate numbers of such personnel, including racial and ethnic minority personnel, in such knowledge bases and skills, including cross cultural skills, by establishing cooperative agreements with schools of public health and other institutions that train and educate such personnel; and

(3) utilize all such remaining amounts to provide assistance for research, pilot and demonstration projects and programs that the Secretary determines to show the potential impact of regional or national significance with respect to the National Health Priorities.

(g) *UNIFORM DATA SETS.*—The Secretary shall direct the Centers for Disease Control, in cooperation with local and State health officials, to establish uniform data sets for each of the National Health Priorities described in subsection (b). Such data sets shall be adopted not later than 2 years after the date of enactment of this part.

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